



IN THE DISTRICT COURT OF TULSA COUNTY
STATE OF OKLAHOMA, 500 SOUTH DENVER, TULSA, OKLAHOMA 74103

ERIC F. SCHOLL and JACQUELINE R.)
SCHOLL, individually and as parents and)
next friends of J.J.S., a minor child,)
Plaintiffs,)
v.)
WALGREENS SPECIALTY PHARMACY,)
LLC d/b/a ALLIANCE RX WALGREENS)
PRIME, a foreign drug company, and)
WALGREENS SPECIALTY PHARMACY)
HOLDINGS, LLC, a foreign company,)
Defendants.)

CJ-2021-02181

Case No.

JUDGE

Caroline Wall

DISTRICT COURT
FILED
AUG 10 2021

DON NEWBERRY, Court Clerk
STATE OF OKLA. TULSA COUNTY

SUMMONS

To the Above-Named Defendant: **Walgreens Specialty Pharmacy, LLC**
d/b/a AllianceRX Walgreens Prime, a foreign drug company

You have been sued by the above-named Plaintiffs, and you are required to file a written Answer to the attached PETITION in the Court in the above County and at the above address within twenty (20) days after service of this Summons upon you, exclusive of the date of service. Within the same time, a copy of your Answer must be delivered or mailed to the attorney for Plaintiff. Unless you respond to the petition within the time stated, judgment will be rendered against you with costs of the action.

Issued this 30 day of July, 2021.
(Seal)

Don Newberry, Tulsa County Court Clerk

by Don Newberry, Deputy Court Clerk

Certified Mail
 Sheriff _____ County
 Special Process Server

Attorney(s) for Plaintiff(s):

Andrew C. Jayne, OBA #19493
BAUM GLASS JAYNE CARWILE & PETERS
401 S. Boston Avenue, Suite 2000
Tulsa, Oklahoma 74103
Telephone: (918) 938-7944

Appointed to serve. PSL# _____

Authorized by

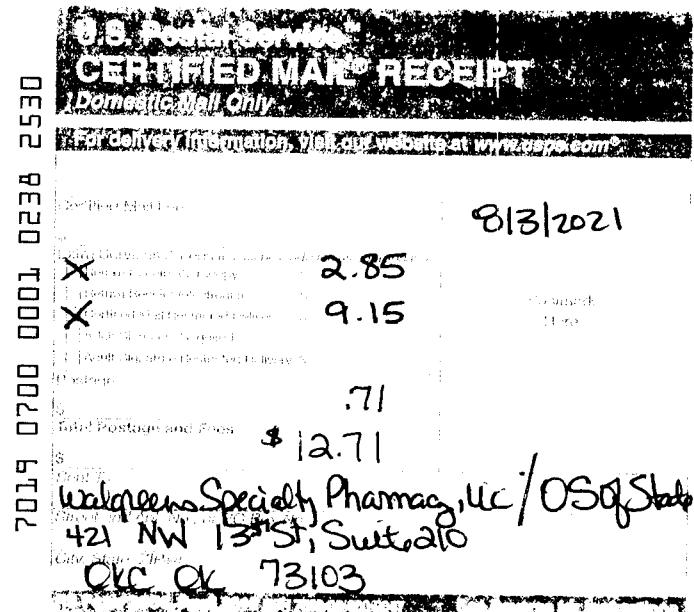
This summons was served on 015/2021
(date of service)

Don Newberry
(signature of person serving summons)

YOU MAY SEEK THE ADVICE OF AN ATTORNEY ON ANY MATTER CONNECTED WITH THE
YOUR ANSWER. SUCH ATTORNEY SHOULD BE CONSULTED IMMEDIATELY SO THAT A
MAY BE FILED WITHIN THE TIME LIMIT STATED IN THE SUMMONS.

EXHIBIT

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>OC/10</i></p> <p>B. Received by (Printed Name) <i>OC/10</i></p> <p>C. Date of Delivery <i>8/13/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <i>OC/10</i></p>	
<p>1. Article Addressed to: Walgreens Specialty Pharmacy, LLC Registered Agent: Oklahoma City, State 421 NW 13th St, Suite 210 Oklahoma City, OK 73103 </p> <p>9590 9402 5277 9154 6257 35</p> <p>2. Article Number (Transfer from service label) 7019 0700 0001 0238 2530</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Over \$500</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	